

# Guidance for preventive and responsive measures to coronavirus for rural justice systems

---

March 24, 2020

This briefing paper summarizes and expands on advice offered in the *Guidance Briefs* issued by the Vera Institute of Justice (Vera) and Community Oriented Correctional Health Services on March 18, 2020.

The coronavirus, or COVID-19, has been declared by the World Health Organization as a global pandemic.<sup>1</sup> As the number of people infected in the United States grows exponentially, we must focus on prevention and containment in the criminal and immigration legal systems. Preventing and responding to coronavirus in rural justice systems requires special considerations, although the fundamental priority is the same—to remove people from detention settings and reduce contact between all people as much as possible.

---

## The rural justice system and public health



**27 percent**  
rural jail population  
growth since 2013



**19**  
rural hospital closures  
in 2019

Responding to the coronavirus poses particular challenges for many rural counties, where people are incarcerated at the highest rates in the United States, and residents have only a fragile or fragmented public health safety net. Since 2013, the rural jail population has grown 27 percent.<sup>2</sup> Simultaneously, a hospital closure crisis has accelerated in rural America; 2019 was the worst year on record, with 19 closures.<sup>3</sup> Actors and authorities in rural counties have a unique and critical role to play. Vera provides guidance in this brief to help them protect the people who interact with and work in these systems. For other system guidance, see Vera's [COVID-19 Response page](#).

## Prioritizing prevention first and foremost

### To reduce contact between people:

1. Law enforcement should preemptively plan for and equip 911 call-takers and dispatchers to divert calls-for-service to available health resources when they do not require police response, including regional health facilities, health centers, portable clinical care, community care workers, telemedicine, and air medical services that can transport patients to critical care facilities.
2. Many rural counties operate with limited court days and judicial resources. In these counties especially, *court administrators should work with jail administrators, public defenders, prosecutors and supervision officers* to immediately identify people who are detained while awaiting appearances, hearings, bail reviews, trials, plea colloquies, or sentencing, and *identify for immediate release people* who do not pose an immediate and identifiable risk to physical safety. Those who are at high risk of being infected by coronavirus should be prioritized.
3. *Jailers, wardens, sheriffs, and other detention administrators* should exercise their authority to release as many people from their custody as possible. States that do not allow for discretionary releases should adopt these policies on a temporary basis and implement medical furloughs.
4. *All justice system stakeholders* should partner with community providers to connect people leaving custody with medical care, behavioral health resources including medication-assisted treatment, housing, and other essential services. Executive offices and agencies should consider emergency investments in health, temporary housing, air medical services and other supportive services to enable swift responses to calls-for-service and connectivity to care.
5. Courts should *automatically reschedule the next court appearance* for at least six months for any pending cases in which a person is released pretrial or pending adjudication.
6. Courts should *create a website where cases can be resolved remotely* for pending municipal cases, ordinance violations, traffic tickets, or other criminal offenses. In rural areas that lack broadband, courts should instead consider staffing phone lines to enable the remote resolution of such cases.

## Containing the possibility of spread

To protect especially people who are at high risk—those who are 55 years and older, pregnant, or have serious chronic medical conditions—*all rural justice system actors should:*

1. Use a *CDC-informed screening tool* for anyone who is brought to or from a police station, detention center, or court to identify people with possible exposure and people at higher risk of infection.

2. Develop *written policies and training* to separate people who are symptomatic from others and to maximize the distance between people at higher risk of infection from people who may be infected but asymptomatic. The protocol should outline how to safely transport someone to a hospital or other health facility or to request telemedicine screenings, air medical services, or other forms of support if there is no hospital in the region. It should also include guidance for taking steps to prevent all system actors from exposure during and after transport and provisions for connecting them to care.
3. *Suspend the collection of criminal justice fees indefinitely* to accommodate for lost wages and to encourage people in financially precarious situations to observe social distancing. This includes medical co-pays for incarcerated people, supervision fees, room and board charges, electronic monitoring and drug testing fees, public defender fees, and diversion fees. Ensure that system-involved people are advised that nonpayment will not result in sanctions, including reincarceration.
4. If in-person visits to incarcerated people must be limited, *provide free phone and video calls and increase access to videoconferencing and other measures* so that contact with family and loved ones can be maintained until in-person visits can resume.
5. In counties with overcrowded jails or with no local jail facilities, system stakeholders should work collaboratively to *avoid transportation and outboarding of incarcerated people to other counties* by proactively identifying opportunities for release and non-contact, non-custodial supervision.
6. In county jails housing people for other counties, state departments of correction, or federal agencies, administrators should work proactively with local, state, and federal authorities to identify opportunities for release and, when necessary, connection to care.

### Responding swiftly to active cases while preserving due process

To help infected people and prevent transmission from or to the local community, prosecutors, defenders, and courts should:

1. Develop a policy for cases where intensive or acute care is needed by having a plan to take incarcerated people to the hospital, including a plan for air medical services in communities without nearby hospitals. Access to regional hospital beds, including intensive care beds and respirators, should be tracked as symptomatic patients are identified.
2. Develop a comprehensive policy that provides *paid sick leave and a plan for staffing substitutions and triage* when personnel test positive for coronavirus.
3. Develop a data collection plan to index all suspected cases of coronavirus and track people through diagnosis, treatment, quarantine (when indicated), and release. Communicate actively with the local health department about all active and suspected cases.

## Additional resources

- [Rural Health Information Hub: Rural Response to Coronavirus Disease 2019 \(COVID-19\)](#)
- [American Jail Association COVID-19 Resources](#)

---

## Endnotes

- 1 World Health Organization, “Rolling Updates on Coronavirus Disease (COVID-19),” updated March 18, 2020, <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>.
- 2 Jacob Kang-Brown, Oliver Hinds, Eital Schattner-Elmaleh, and James Wallace-Lee, *People in Jail in 2019* (New York: Vera Institute of Justice, 2019), <https://www.vera.org/publications/people-in-jail-in-2019>.
- 3 Chartis Center for Rural Health, *The Rural Health Safety Net Under Pressure: Rural Hospital Vulnerability* (Chicago: The Chartis Group, 2020), 1, [https://www.chartis.com/forum/wp-content/uploads/2020/02/CCRH\\_Vulnerability-Research\\_FINAL-02.14.20.pdf](https://www.chartis.com/forum/wp-content/uploads/2020/02/CCRH_Vulnerability-Research_FINAL-02.14.20.pdf).

---

## For more information

© 2020 Vera Institute of Justice. All rights reserved.

The Vera Institute of Justice is a justice reform change agent. Vera produces ideas, analysis, and research that inspire change in the systems people rely on for safety and justice and works in close partnership with government and civic leaders to implement it. Vera is currently pursuing core priorities of ending the misuse of jails, transforming conditions of confinement, and ensuring that justice systems more effectively serve America’s increasingly diverse communities. For more information, visit [www.vera.org](http://www.vera.org).